



# APPLICATION FOR FUEL TAX REFUND PERMIT ACCOUNT

Gas ☐ Diesel ☐ Aircraft ☐

Fuel Tax Section  
Refund Unit  
P.O. Box 9228  
Olympia, WA 98507-9228  
(360) 664-1838  
Fax Number (360) 570-7843

After your refund account has been set up, you can file a claim at any time within 13 months from the date the fuel was purchased. The department will use the postmark date to determine the eligibility of the claim. You must claim fuel purchases through the entire month and have a minimum of 71 refundable gallons.

**Please Print (Invoices must be in the exact name of applicant. PLEASE DO NOT SEND INVOICES AT THIS TIME.)**

1. Applicant's Name			
2. Mailing Address	City	State	Zip Code
2a. Physical Address (If different from mailing address)			
3. Contact Name	E-mail Address	UBI #	
4. Daytime Telephone Number ( )	Fax Number ( )		
5. Boater's Washington Registration Number WN-		(Please submit a copy of out-of-state registration form.)	
6. Describe Refundable Fuel Usage:  			
7. Examples of Equipment (i.e. Tractor, Logging Equipment, Boats, etc.):			

**Please check as many as applicable.**

	Gas	Diesel	Aircraft	Jet Fuel	Mo Gas
Distributor	<input type="checkbox"/>	<input type="checkbox"/>			
Boating	<input type="checkbox"/>	<input type="checkbox"/>	Agriculture Spraying	<input type="checkbox"/>	<input type="checkbox"/>
Farming	<input type="checkbox"/>	<input type="checkbox"/>	Commercial	<input type="checkbox"/>	<input type="checkbox"/>
Construction/Industrial	<input type="checkbox"/>	<input type="checkbox"/>	Personal Use	<input type="checkbox"/>	<input type="checkbox"/>
Logging	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Medical Air Transport	<input type="checkbox"/>	<input type="checkbox"/>
Reefer	<input type="checkbox"/>	<input type="checkbox"/>			
State/Federal/Local Government	<input type="checkbox"/>	<input type="checkbox"/>	Other (Explain) _____		
Power-Take-Off/WA	<input type="checkbox"/>	<input type="checkbox"/>			
Power-Take-Off/IFTA	<input type="checkbox"/>	<input type="checkbox"/>	Bulk Storage Yes <input type="checkbox"/> No <input type="checkbox"/>		

**Please retain a copy of this application for your records. (Record Keeping Requirements on back)**

I understand and agree to the record keeping requirements for this refund claim permit. I certify under penalty of perjury that this application is true, correct, and complete to the best of my knowledge.

NAME - ( PLEASE PRINT )

TITLE - OWNER, PARTNER,  
CORPORATE OFFICER  
( IF NOT, ATTACH POWER OF ATTORNEY )

DATE

SIGNATURE

## OFFICE USE ONLY

Refund Permit Number	Issue Date	Initials	Comments
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# RECORD KEEPING REQUIREMENTS

In accordance with Washington Administrative Code (WAC) 308-72-895, 308-77-240 and 308-78-070, each claimant must retain records that reflect all fuel receipts showing the number of gallons received and taxes paid. The records must show the gallons of fuel used in each piece of equipment (for refundable and nonrefundable usage), other uses, gains and losses, and physical inventory. Each claimant must also keep on-highway and off-highway mileage records for each licensed vehicle. These records must be retained for each refund claim filed with the department. All refund claims and associated records are subject to audit and must be maintained for five years from the date of the refund.

If you have any questions, please contact the Fuel Tax Exempt Unit at (360) 664-1838.